

Family Vulnerability Index:  
Risk for Chronic Housing Instability + Ability to Provide Safe and  
Stable Environment for Children

Revised Pilot Tool  
March 2, 2012

**I. Introduction and Consent**

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you some questions today for about 10-15 minutes. By participating in the interview you give permission to the Corporation for Supportive Housing, Community Solutions, Beacon Therapeutic and the Family Systems Integration Team to review this information. The information that you tell us during the interview will be stored in a secure database. All of your information will be kept secure. At anytime you can request that your information be removed from the database.

The information you tell us during the interview may be shared with social service and housing agencies for the purposes of outreach and housing placement. By signing below, you will show that you agree to have your information shared with housing and services agencies. However, there is no guarantee of housing placement.

Some of the questions we ask might make you feel uncomfortable or be upsetting. If you feel uncomfortable or upset during the interview, you may ask the interviewer to skip questions or end the interview at any point. We will give you a \$5 food card at the end of the interview to thank you for your time. No one will be upset or angry if you decide not to be interviewed today.

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Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

**Participant's Signature:** \_\_\_\_\_

**Interviewers Name:** \_\_\_\_\_

**Date and Time of Interview:** \_\_\_\_\_

**Location of Interview:** \_\_\_\_\_

## II. Basic Demographic and Household Information

1. First and Last Name: \_\_\_\_\_
2. Nickname: \_\_\_\_\_
3. Age \_\_\_\_\_
4. Phone number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
5. Email: \_\_\_\_\_
6. Last four digits of Social Security Number: \_\_\_\_\_ (☐ Refused)
7. Please tell me who besides you (adults and children) are currently living with you/in your care:

[Note to Interviewer: If their children are not currently with them temporarily because they are homeless, but will be back with them once they find a place to live, these children will be counted as "in their care".]

Name	Sex	Age	Relationship to You (e.g., child, sibling, parent, partner, cousin, etc.)

8. Are you or someone in your household currently pregnant?  
☐ Yes   ☐ No   ☐ Refused
9. Do you have any minor children who are currently not living with you?  
☐ Yes   ☐ No   ☐ Refused
  - 9a. If yes, where are they?  
☐ Foster Care   ☐ Group Home   ☐ With Family   ☐ With Friends  
☐ Other (specify) \_\_\_\_\_

9b. Are they living apart from you out of necessity because you are homeless (i.e. couldn't bring older children with you to the shelter)?

☐ Yes ☐ No ☐ Refused

10. Have you ever had an open case with the child welfare system for any of your children (counting children who are living with you and those who are not)?

☐ Yes ☐ No ☐ Refused

11. Are you currently receiving any services as a result of an abuse/neglect investigation?

☐ Yes ☐ No ☐ Refused

12. Have you ever had one of your children placed in foster or adoptive care?

☐ Yes ☐ No ☐ Refused

13. [If respondent is female] At what age did you have your first child?  
\_\_\_\_\_ years old

### III. Housing History

1. What is the total length of time you have lived in the streets or shelters during this homeless episode?

\_\_\_\_\_ years \_\_\_\_\_ months

2. In the past three years, how many times have you been homeless and then housed again? \_\_\_\_\_ times

3. When you have been homeless, where did you sleep most frequently? (check one)

☐ Shelters ☐ Streets ☐ Car/Van/RV ☐ Subway/Bus ☐ Beach/Riverbed ☐ with family or people I know ☐ Other (specify)

### IV. Mental Health Issues

1. Have you received treatment for a mental health issue in the last 12 months? ☐ Yes ☐ No ☐ Refused

2. Have you ever been diagnosed with a serious mental health condition? ☐ Yes ☐ No ☐ Refused

3. Have you ever been hospitalized for mental health reasons? ☐ Yes ☐

No ☐ Refused

## V. Substance Use Issues

1. In the past 12 months, has anyone in your family repeatedly criticized you for using alcohol or drugs? ☐ Yes ☐ No ☐ Refused
2. Have you received treatment services for alcohol and/or drug use in the last 12 months? ☐ Yes ☐ No ☐ Refused

## VI. Health Issues of Parent/Child

1. Do you have a serious medical condition that makes it difficult to carry out the activities of daily life?  
☐ Yes ☐ No ☐ Refused  
Please specify: \_\_\_\_\_
2. Do any of your children have any serious medical conditions that make it difficult for you to carry out the activities of daily life?  
☐ Yes ☐ No ☐ Refused  
Please specify: \_\_\_\_\_
  - i. If yes, how many of your children? \_\_\_\_\_
3. Do any of your children have any serious cognitive, behavioral or emotional problems (including developmental delays and learning disabilities) and/or are receiving special education services in school?  
☐ Yes ☐ No ☐ Refused  
Please specify: \_\_\_\_\_
  - i. If yes, how many of your children? \_\_\_\_\_

## VII. History of Parent

Please check all that apply:

1. As a child [Note to Interviewer: Read list to respondent]:
  - ☐ My parent/caregiver abused drugs/alcohol
  - ☐ My parent/caregiver died or otherwise abandoned me
  - ☐ I was sexually abused
  - ☐ I was physically or verbally abused or neglected

- ☐ I spent time living in foster care or in another setting without my primary caregiver or parent (s)
- ☐ I was homeless
- ☐ I moved frequently
- ☐ Was told I have a learning disability or special service in school

1a. [If any of above list is checked]: How much do these experiences negatively affect your life (i.e. ability to find/keep a job, stay in school, get/keep an apartment of your own)?

- ☐ A lot
- ☐ A little
- ☐ Not at all

2. Please check all that apply as an adult: [Note to Interviewer: Read list to respondent]:

- ☐ I have a criminal history
- ☐ I have been a survivor of relationship violence
- ☐ I have been a survivor of rape
- ☐ I have been physically assaulted
- ☐ I have tried to commit suicide

2a. [If any of above list is checked]: How much do these experiences negatively affect your life (i.e. ability to find/keep a job, stay in school, get/keep an apartment of your own)?

- ☐ A lot
- ☐ A little
- ☐ Not at all

## **VIII. Income**

1. What are your sources of income? Check all that apply.

- ☐ TANF
- ☐ SSI
- ☐ VA
- ☐ Public assistance
- ☐ Employed
- ☐ Other

## **IX. Veteran status**

1. Have you ever served in the US Military?

☐ Yes

☐ No

1a. was your discharge honorable?

☐ Yes

☐ No

## **X. Additional Contact Information**

We would like to collect some additional contact information from you so we can find you at a later time:

1. Emergency Contact

Name: \_\_\_\_\_

Phone number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

2. Case Manager

Name: \_\_\_\_\_

Phone number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## **Follow-Up Questions:**

**[Interviewer:** Given the sensitive nature of the questions, check in with the respondent to make sure he or she is okay, and provide any referrals if specific service need arise during the interview.]

TIME THE INTERVIEW ENDED: \_\_\_\_\_

LENGTH OF INTERVIEW: \_\_\_\_\_ minutes

**Please ask the participant:** “Were there any questions that were difficult to understand? If yes, please describe.”

**To be answered by the interviewer**

Did you notice if the participant felt uncomfortable answering any questions? If yes, please describe.

Were there questions that the interviewer didn't understand, where you needed to provide context/follow-up questions? If yes, what were the questions and what were your responses?

Additional observations/Notes:

### **Scoring the Tool:**

- One point for meeting the chronic homeless definition (HEARTH definition for families)
- One point for being homeless more than three times in the last three years
- One point for each child under five (pregnancy counts as a child under 5) and half point for every dependent child five or older
- One point if the head of household is under 25
- Two points for any family separation
- Two points for any current involvement with the child welfare system (open neglect case, or have a child in foster care) and an additional two points if the respondent has ever had a child in foster or adoptive care
- One point if female respondent had her first child at age 20 or younger
- Two points for any indication of a current or past mental health problem
- Two points for any indication of a current or past substance abuse problem
- Two points for parent having a serious medical condition
- Two points for each child with a serious medical or behavioral health problem
- Two points if any items in Question VII.1 are checked
- An *extra* point if parent was in foster care as a child
- SUBTRACT one point the answer to Question VII.1.a. is “a little” and two points if it is “not at all”.
- Two points if any items in Question VII.2 are checked
- SUBTRACT one point the answer to Question VII.2.a. is “a little” and two points if it is “not at all”.